

Please note that in order to provide certificates at the completion of training, a completed registration form for each student is needed.

Course Title: **Basic SWAT**
Location: **Rapid City, SD**
Course Date: **April 25-29, 2011**
Course No.: **20110540**

Registrations limited to sworn law enforcement personnel. All students please complete the following:

First Name _____ MI _____ Last _____
Rank _____ Assignment: SWAT ___ Patrol ___ CNT ___ TEMS ___ Other (*Describe*) _____
Home Phone _____ Home E-mail _____
Home Address _____
City _____ State _____ Zip _____
Agency Name _____
Agency Address _____
City _____ State _____ Zip _____
Your Phone # at Agency Phone _____ Agency Fax _____
Your E-mail at Agency _____
Send U.S. mail to: Home _____ Agency _____

Student Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature _____ Date _____

Send Completed Registration to:

Fax: (605) 394-2220
Mail: Pennington Co. SO ATTN: Lt. Jay Evenson,
300 Kansas City St., Rapid City, SD 57706
E-mail: jay.evenson@co.pennington.sd.us